A synopsis for PhD research work on the topic

# Quality of Life in Relation to Big five Personality, Self-efficacy and Gratitude of Government and Private School Students

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**Quality of Life in relation to Big Five Personality, Self-efficacy and Gratitude of Govt. and Private School Students**

The concept of quality of life is traced back to Aristotle. He analyses good life as a parameter of quality of life. Thomas More, further, popularises the idea of good life. Arthur Pigou conceptualised this concept comprehensively. He, first of all, distinguishes between economic and non-economic well-being and considers possible trade-offs between them. For a time being, he advocates economic growth is a good step toward total well-being. Richard Easterlin later evolved psychological measures of well-being that are now widely accepted parameter of good quality of life.

According to WHO, quality of life (QOL) is “an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (WHO, 2020). This is a comprehensive concept which incorporates individuals’ physical and psychological health, their degree of Independence, social relationship and interaction with environment.

According to B. K. Haas (1999), quality of life can be most accurately defined by the following five criteria:

a. Quality of life is the assessment of the current circumstances of an Individual’s life.

b. Quality of life in its essence is multifaceted.

c. Quality of life is based on individual values, and is variable.

d. Quality of life encompasses objective indicators as well as subjective evaluations.

e. Quality of life can be most accurately evaluated by individuals who are capable of conducting subjective self-assessment.

As far as measures of quality of life is concerned, researchers have evolved several measures:

a. Per Capita GDP

It is a measure of standard of living in financial terms. But it is hardly measures objective or long-term measurements of the quality of life experienced by nations or other groups of people.

b. Personal Wellbeing

Recently researchers have started quality of life in terms of emotional wellbeing and life evaluation. Emotional well-being is the quality of their everyday emotional experiences like

their experiences of joy, stress, sadness, anger and affection. The life evaluation is concerned with life in general and evaluate it against a scale.

There are many different methods of measuring quality of life in terms of health care, wealth, and materialistic goods. However, it is much more difficult to measure meaningful expression of one's desires. Quality of life can simply mean happiness. It is the subjective state of mind. Citizens of a developing country appreciate more since they are content with the basic necessities of health care, education and child protection (Singer, 2011).

c. Human Development Index

The most commonly used international measure of development is the Human Development Index (HDI). It combines measures of life expectancy, education, and standard of living, in an attempt to quantify the options available to individuals within a given society.

d. World Happiness Report

Happiness Report is a landmark survey on the state of global happiness. It ranks 156 countries by their happiness levels, reflecting growing global interest in using happiness and substantial well-being as an indicator of the quality of human development. Its growing purpose has allowed governments, communities and organizations to use appropriate data to record happiness in order to enable policies to provide better lives (Barcaccia, 2013).

Anand (2016) in an article reported that the United Nations has combines both objective and subjective measures to rank countries by happiness, which is deemed as the ultimate outcome of a high quality of life. It uses surveys from Gallup and included real GDP per capita, healthy life expectancy, perceived freedom to make life choices, freedom from corruption, and generosity to derive the final score. Several other measures are also used as a measure of quality of life are the Physical Quality of Life Index (PQLI), the Happy Planet Index etc. In the present study, a comprehensive approach will be adopted to measure quality of life incorporating all indicators of quality of life.

**Factors affecting quality of life**

Quality of life of an individual or society as a whole depend upon several psychological, social, political and economic system of the society. From psychological perspective, quality of life is determined by several psychological attributes. Mahmoudi-Gharaei et al. (2013) in a study found that caregivers of children with PKU have lower levels of quality of life in comparison with the general population; and the most correlated factors with quality of life were the caregivers' occupation, and high levels of depression and anxiety. Zahid et al. (2023), on the other hand, emphasizes high social support and absence of depression or anxiety as contributor of quality of life. On multivariable linear regression, global QoL was inversely

associated with no or low income, having hypertension, having low social support, suffering from mild or symptomatic depression, or mild anxiety.

**Big Five Personality and Quality of Life**

Personality is one of the important psychological factors affecting the quality of life (Diener et al., 1999; Jaiswal et al., 2018). The “Big Five” personality model believes that human personality traits consist of five traits: neuroticism, extraversion, agreeableness, conscientiousness, and openness. The diverse strength of each personality trait can cause different effects on various aspects of the human body. Previous studies show that personality traits can predict human health outcomes (Yau et al., 2018). Many studies have confirmed that agreeableness (Fuente-Arias et al., 2020), conscientiousness (Yau et al., 2009), and openness (Cai et al., 2023) positively predicted the QOL. Neuroticism can negatively predict the quality of life ( Dedova et al., 2022). Few studies showed that extraversion negatively predicted the quality of life (Yau et al., 2009). The vast majority of studies showed that extraversion positively predicted the quality of life (Cai et al., 2023).

**Self-efficacy and Quality of Life**

In psychology, self-efficacy is an individual's belief in their capacity to act in the ways necessary to reach specific goals. This concept was originally proposed by the psychologist Albert Bandura. According to him, self-efficacy is one's belief in one's ability to succeed in specific situations or accomplish a task. The main concept in social cognitive theory is that an individual's actions and reactions, including social behaviours and cognitive processes, in almost every situation are influenced by the actions that individual has observed in others. Because self-efficacy is developed from external experiences and self-perception and is influential in determining the outcome of many events, it is an important aspect of social cognitive theory (Bandura, 2000).

Self-efficacy is the belief in one’s competence to attempt difficult or novel tasks, and to cope with adversity arising from specific demanding situations (Luszczynska et al. 2005). People with high self-efficacy choose to perform more challenging tasks; they set themselves higher goals and stick to them. When setbacks occur, they recover more quickly and remain committed to their goals. Thus, self-efficacy is an important factor in coping with the challenges and demands presented by a chronic condition.

Research has shown that general self-efficacy predicts adherence, health behaviour, and disease management (Griva et al. 2000). General self-efficacy may also be important for emotional quality of life, since it is clearly related to positive and negative emotions. Highly

self-efficacious adolescents with chronic conditions may be better able to cope with stressful situations arising from their conditions (Griva et al. 2000), which may reduce feelings of stress and enhance positive emotions (Bandura 1997). Furthermore, general self-efficacy may be important for social quality of life. Social disruption, social stigma and marginalization, and changes in plans and expectations about the future can be substantial challenges to emotional as well as social quality of life (DiNapoli and Murphy 2002).

**Gratitude and Quality of Life**

Positive psychology plays a major role in building innate positive characteristics and thus improves the quality of life (Peterson & Seligman, 2004). Gratitude is an important positive psychological characteristic that relates to better psychological outcomes including life satisfaction (Robustelli & Whisman, 2018) and well-being (Datu, 2014). Gratitude is defined as being thankful for benefits received (Watkins et al., 2009), has been valued as a fundamental component of the individual's personality and social life across cultures (Emmons & McCullough, 2003). Several studies have shown that gratitude is the key predictor of quality of life (Anand et al., 2021).

Gratitude enhances optimal functioning at biological, personal, relational, and cultural levels, thereby promoting the psychological, social, and physical well-being as well as quality of life among adolescents (Lin, 2016). Research investigating the correlates of gratitude among adolescents reported a positive association between early adolescents' gratitude and their several emotions such as hope, forgiveness, happiness, optimism, inspiration, and positive affect (Froh, Kashdan, et al., 2009). Adolescents having high gratitude levels can indulge in healthy relationship formation and maintenance (Algoe et al., 2008) and can experience greater relationship satisfaction since gratefulness affects the way people perceive other people and cognitively evaluate their relationships.

**Review of Literature**

On the review of literature on the quality of life in relation to personality factors, self-efficacy and gratitude, some research on the adolescents have been conducted. Their findings are citing here to evolve the research gap on which this research has to be undertaken.

Big Five Personality and Quality of Life

The research on big five personality and quality of life have by large reported mixed relationship. Cai et al. (2023) conducted a study to measure the quality of life of people with disabilities. This study aims to examine the relationship between the big five personality and quality of life and the mediating effects of social support indicators in people with disabilities. It was a cross-sectional study with 358 people with disabilities (193 women and 165 men) of

all age groups using measures like big five personality, social support, and quality of life variables. It was found that quality of life was correlated with social support, extraversion, agreeableness, conscientiousness, and openness. QOL was negatively correlated with neuroticism. The mediating effect of social support on the relationship between neuroticism and the quality of life of people with disabilities was not significant. These new findings suggest that combining individual factors (personality) and environmental factors (social support) can better improve the quality of life of people with disabilities.

Jovanovic (2019) investigated the relationships between the Big Five personality traits, negative life events, and life satisfaction in adolescents. In addition, the moderating roles of personality traits in the relationship between negative life events and life satisfaction were examined. The sample consisted of 500 Serbian adolescents, aged 16 to 18 years. The results showed that negative life events, extraversion, and agreeableness had unique contributions to predicting life satisfaction. The moderation analysis demonstrated that personality traits did not moderate the relationship between negative life events and life satisfaction. The results of the present study indicate that the association between negative life events and adolescent life satisfaction is independent of personality traits, and support the conclusion that the relative contribution of personality traits to life satisfaction among adolescents is culture-specific.

Doss and Carstens (2014) investigated the relationship between the Big Five Personality Traits and brand evangelism. It finds significant associations between brand evangelism and extraversion, openness, and neuroticism. Extraversion is linked to sociability and interpersonal interaction preference, openness to intellectual curiosity and creativity, and neuroticism to psychological distress. Future research suggestions include exploring social media's influence on brand perceptions, the existence of brand evangelists for generic brands, associations between brands and countries, product customization's impact, and unique product packaging's role in fostering brand evangelism.

Branje and Lieshout (2004) examined the longitudinal relationship between family members' Big Five personality traits and perceived support within 285 two-parent families with two adolescent children. It found that Agreeableness was particularly associated with perceived support, and changes in individuals' Big Five traits were linked to changes in the support they perceived themselves and from other family members. The results supported the parallel continuities hypothesis, suggesting that personality tends to change in the same direction as changes in the supportive environment. Strengths of the study included assessing personality and support simultaneously from all family members, utilizing longitudinal data for more reliable analysis, and employing growth curve modelling to control for interdependence between family members.

## Self-efficacy and Quality of Life

According to Peters et al. (2019), self-efficacy is a mechanism through which self-management can be achieved. Quality of life is adversely impacted by multi-morbidity but could be improved by effective self-management. This study examined the relationship between self-efficacy and quality of life in primary care patients with multi-morbidity. A cross-sectional survey was conducted with primary care patients in England. The regression models were all significant at $p < 0.001$ (adjusted $R^2 > 0.70$). Significant factors in all models were self-efficacy, disease burden and being permanently sick or disabled. Other factors varied between models, with the most notable being the presence of a mental health condition in the LTCQ model. Multi-morbid primary care patients with lower self-efficacy and higher disease burden have lower quality of life. Awareness of self-efficacy levels among patients with multi-morbidity may help health professionals identify patients who are in need of enhanced self-management support. Providing self-management support for chronic disease has been hailed as a hallmark of good care. Higher self-efficacy may lead to enhanced quality of life in multi-morbidity.

Mazlominezhad and Moghadam (2022) opined self-efficacy is one of the factors affecting the quality of life (QoL) of individuals. Low self-efficacy can decrease cognitive and behavioural functioning, whereas increased self-efficacy leads to a change in treatment acceptance behaviour and, subsequently, physical and mental health. This study aimed to determine the QoL and self-efficacy in adolescents with amblyopia. This descriptive cross-sectional study was performed on 300 patients of Iran. The results showed that the mean percentage in QoL was 45.43% (weak), and the mean score in self-efficacy was 21.66%, with a standard deviation of 8.10. There was also a positive and significant relationship between patients' self-efficacy and QoL on each dimension.

Torun et al. (2021) aimed to examine the effects of self-efficacy, social support and quality of life on readiness for transition to adult care in adolescents with cystic fibrosis. Data were collected from 50 adolescent between 14 and 17 years old with cystic fibrosis. A positive correlation was found between the readiness levels of adolescents for transition to adult care and self-efficacy levels. In path analysis, self-efficacy was found to have a significant effect on the level of readiness for transition to adult care. There was not statistically significant relationship between the level of readiness for transition to adult care and health-related quality of life and perceived social support. Path analysis revealed that health-related quality of life and perceived social support had significant effects on the self-efficacy levels of adolescents.

## Gratitude and Quality of Life

Kerry et al. (2023), on the review of literature, opined that many studies suggest a link between gratitude and life satisfaction, including experimental tests of gratitude interventions. Keeping in mind, they conducted research to better understand the nature of the relationship between gratitude and life satisfaction and to evaluate the state of literature. The review indicated a substantial positive correlation between gratitude and life satisfaction. Various potential mediators were also identified, including meaning in life, social support, and self-esteem. Some experimental research suggested that gratitude interventions may increase life satisfaction compared to neutral control conditions, although evidence was mixed. There was stronger evidence for these effects in people from Western countries. However, there is no strong evidence that gratitude interventions outperform positively valanced control conditions. Thus, it is possible that the effects of intervention could be caused by demand- or placebo effects. While it is clear that there is a link between gratitude and life satisfaction, the extent to which gratitude causes life satisfaction and the mechanism underlying that link require further exploration.

In 2013, Wood and colleagues conducted a review of the literature on gratitude and wellbeing, a broader construct of which life satisfaction represents one dimension. In this review, the authors critically assessed many studies of gratitude and life satisfaction. While they found that many gratitude interventions appeared to increase life satisfaction relative to a baseline prior to the intervention, most of these studies failed to show that gratitude interventions were effective against more rigorous control groups, such as those which include other positively valanced activities with a similar amount of cognitive processing.

Sree et al (2020) opined that especially with the teenagers of the current generation are not much aware about the concept of Gratitude or the Power of Gratitude. Being grateful plays an important role in maintaining one's Quality of life and well-being. Thus, the main aim of the study is to find the relationship between Gratitude of Gen –z Students on Quality of Life – Physical, Psychological, Social and Environmental dimensions. The results show that, the Gen –z student's Gratitude and Quality of life dimensions (physical, psychological, social relationships and environment) does not have any significant Relationship. It is concluded that, Gen –z has got Low Level of Gratitude but it doesn't relate with their physical, psychological, social relationships, environmental aspects of their quality of life.

**Objective and Hypothesis**

Objective of the study

To explore the difference between private and government school students on the degree of quality of life.

To find the correlation between Big Five Personality and quality of life on private and government school students.

To explore the relationship between self-efficacy and quality of life.

To explore the role of gratitude on the quality of life.

To ascertain the moderating effect of Big Five Personality, self-efficacy and gratitude on the quality of life.

Hypothesis

Based on the existing studies, the present study proposed the following hypotheses:

*H1*: There will be a significant difference between students studying government and private school on quality of life

H2: Neuroticism will negatively predict quality of life.

*H3*: Extraversion will positively predict quality of life.

*H4*: Agreeableness will positively predict quality of life.

*H5*: Conscientiousness will positively predict quality of life.

*H6*: Openness will positively predict quality of life.

H7: Thee will be a significant positive correlation between self-efficacy and quality of life.

H8: There will be a positive relationship between expression of gratitude and quality of life.

H9: The Big Five Personality, Self-efficacy and gratitude will have joint effect on quality of life.

Methods

Sample

This study will be conducted on 400 students of class IX to Class XII studying in different government and private schools of Vaishali districts using purposive sampling. To make sample more representative, students of different categories like, sex, SES will be selected for study.

## Measures

Following scale/test will be used in the proposed research for the data collection.

1. Quality of Life Scale:

The WHO Quality of Life scale brief version will be used to measure following dimensions of quality of life: physical domain, psychological, level of independence, social relationship, environment and spiritual beliefs. It is originally a 100-item scale. For the present research, a brief version of the quality of scale will be used.

2. Big Five Personality:

A brief version of Big Five Personality Scale will be used. It was developed by Rammstedt & John (2007). It is a 10-item scale measuring five dimensions of personality.

3. Self-efficacy Scale:

General Self-Efficacy (GSE) Scale was by Jerusalem and Schwarzer (1995). It is a 10-item scale measuring general sense of self-efficacy. This scale is designed to use on adolescents and adult population. The Cronbach's alpha reliability ranged from .76 to .90.

## Gratitude Scale

It is a six-item self-report questionnaire designed to assess individual differences in the proneness to experience gratitude in daily life. It was developed by McCullough, Emmons, & Tsang (2002). Each item is rated 7-point scale ranging from 1 = strongly disagree to 7 = strongly agree.

## Statistical Analysis

Keeping in view the nature of data emerged after data collection, appropriate statistical analysis will be used. To test hypotheses advanced earlier, t-ratio, correlation and multiple regression analysis will also be used.

## Proposed Chapters of Research

1. Introduction
2. Review of literature
3. Objectives and Hypothesis
4. Methodology

4.1 Sample

4.2 Tools

4.3 Procedure

5 Result and Discussion

6 Summary and Conclusion

6.1 Summar

6.2 Conclusion

6.3 Limitation of Research

6.4 Future Suggestions

7 References

8 Appendix

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